Please type and us sign (+) inside box -

HDP/SB/21 based on PTO/SB/21 (08-00)

Jeffery A. Shapiro

PTO/SB/21 (08-00)

OEN	Application Number	10/581,489		
TRANSMITTAL	Filing Date	March 13, 2007		
FORM	Inventor(s)	Kenneth AUBREY et al.		
(to be used for all correspondence after initial filing)	Group Art Unit	3653		

Examiner Name

Attorney Docket Number 32860-001045/US ENCLOSURES (check all that apply) After Allowance Communication to Assignment Papers Fee Transmittal Form (for an Application) LETTER SUBMITTING APPEAL Letter to the Official Draftsperson and BRIEF AND APPEAL BRIEF (w/clean Fee Attached Sheets of Formal Drawing(s) version of pending claims) Appeal Communication to Group Amendment Licensing-related Papers (Notice of Appeal, Brief, Reply Brief) Petition After Final Proprietary Information Petition to Convert to a Status Letter Affidavits/declaration(s) Provisional Application Power of Attorney, Revocation Other Enclosure(s) Extension of Time Request Change of Correspondence Address (please identify below): **Request for Continued** Terminal Disclaimer Examination Express Abandonment Request Request for Refund Information Disclosure Statement CD, Number of CD(s) Certified Copy of Priority Remarks Document(s) Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Reg. No. Attorney Name Harness, Dickey & Piecce, P.L.C. John W. Fitzpatrick 41,018 Individual name Signature Date March 12, 2010

OPAP		Complete if Known		
FEE TRANSMITTAL &	Application Number	10/581,489		
for FY 2009Mar 1 2 2010 \$	Filing Date	March 13, 2007		
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	First Named Inventor	Kenneth AUBREY et al.		
Effective 2/8/2006. Patent fees are subject Reginual revision.	Examiner Name	Jeffery A. Shapiro		
Effective 2/8/2006. Patent fees are subject in gnual revision. Applicant claims small entity status. See 2740234.27	Art Unit	3653		
TOTAL AMOUNT OF PAYMENT (\$) 810	Attorney Docket No.	32860-001045/US		

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Deposit					1812	2,520	1812	2,520	For filing a requ	est for reexamination			
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The Director is authorized to: (check all that apply) ☐ Charge fee(s) indicated below ☑ Credit any overpayments				1805	1,840°	1805	1,840*	Requesting pub Examiner action					
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Dependent Large Entity	Small Er	ntity_		ل	1810	810	2810	405	For each addition	onal invention to be FR § 1.129(b))			
Fee Fee Code (\$)	Fee Code	Fee Fee Descri	otion		1801	810	2801	405	Request for Cont (RCE)	inued Examination	810		
1202 52	2202	26 Claims in ex	cess of 20		Other fe	ee (spécit	fy)						
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SUBMITTED BY Registration No.) 					plete (if applicable)					
Name (Print/Type)				41,018 Telephone 703-668-8000									
Signature			$\overline{7}$	_					Date	March 12, 2010			